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**Costargent**

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(54) **DEVICE FOR HOLDING MEDICAL  
EQUIPMENT, TREATMENT KIT, AND  
ASSOCIATED PREPARATION METHOD**

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*2025/0056* (2013.01); *Y10T 29/49826*  
(2015.01)

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*B65H 75/36*; *F16L 3/01*; *F16L 3/26*  
USPC ..... 248/49, 50, 51, 68.1, 80, 89, 52, 309.1;  
600/104, 102, 153, 171, 180, 250;  
206/363, 370, 357, 438; 134/117;  
128/852

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See application file for complete search history.

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(2) Date: **Mar. 20, 2015**

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*B65D 85/00* (2006.01)

*A61B 17/00* (2006.01)

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*A61M 25/01* (2006.01)

*F16L 3/01* (2006.01)

*F16L 3/26* (2006.01)

*A61M 25/09* (2006.01)

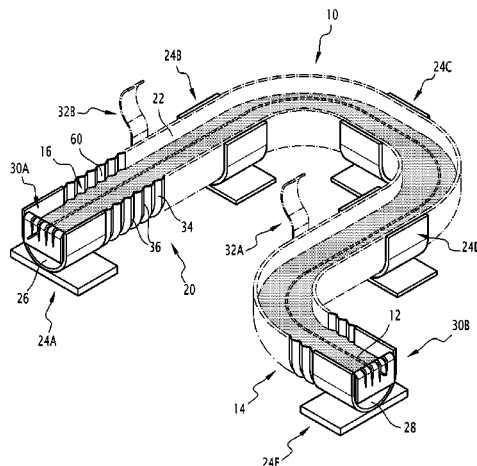
(52) **U.S. Cl.**

CPC ..... *A61B 19/0256* (2013.01); *A61M 25/0111*

(57) **ABSTRACT**

A device includes a channel, which defines an inner space for receiving medical equipment. The channel is reversibly deformable between a first stable spatial configuration and at least one second stable spatial configuration. The device includes a plurality of holders for supporting the channel over a bearing surface. The device also includes a distal wall and a proximal wall longitudinally closing off the inner space.

**17 Claims, 5 Drawing Sheets**



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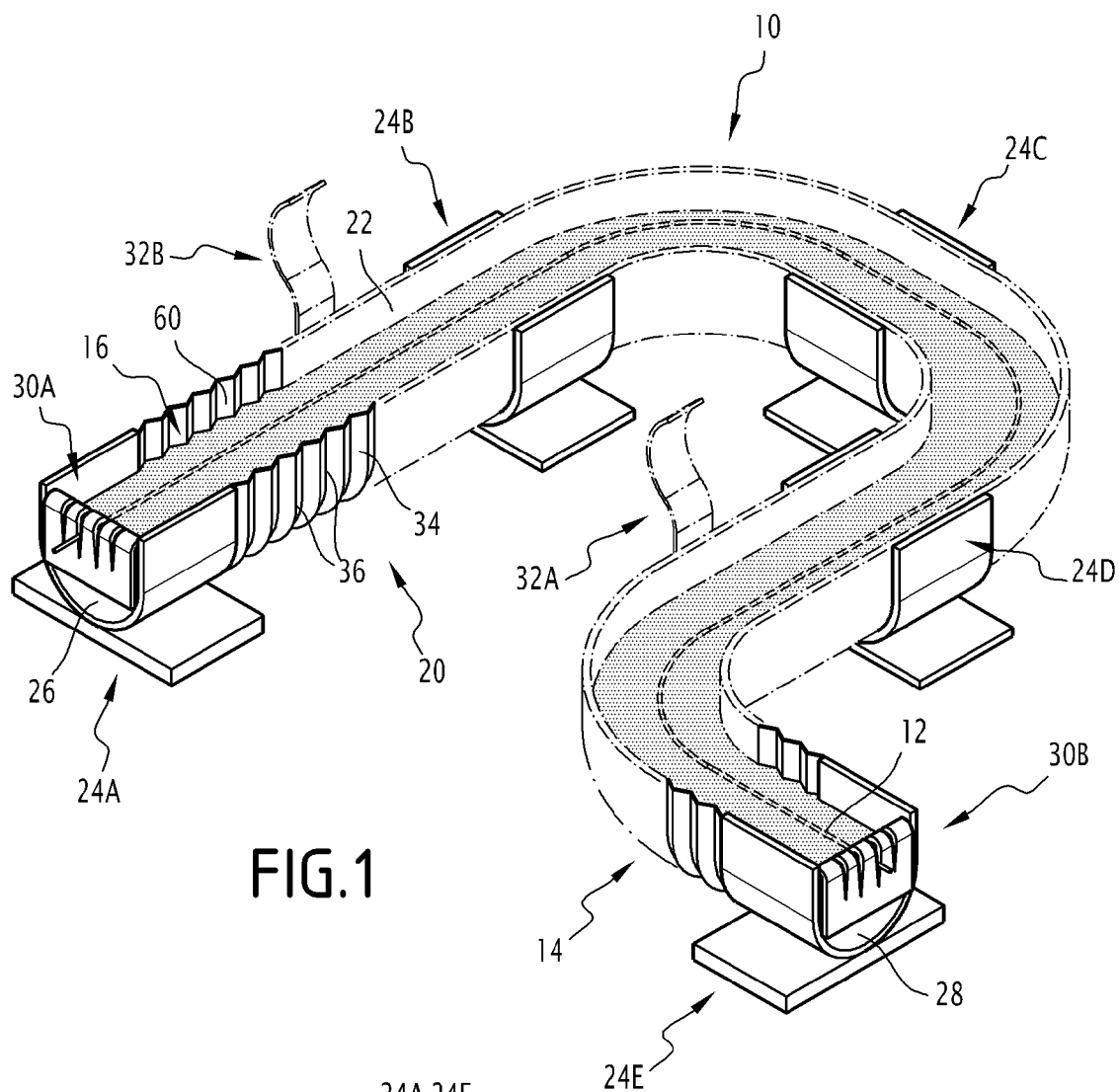


FIG. 1

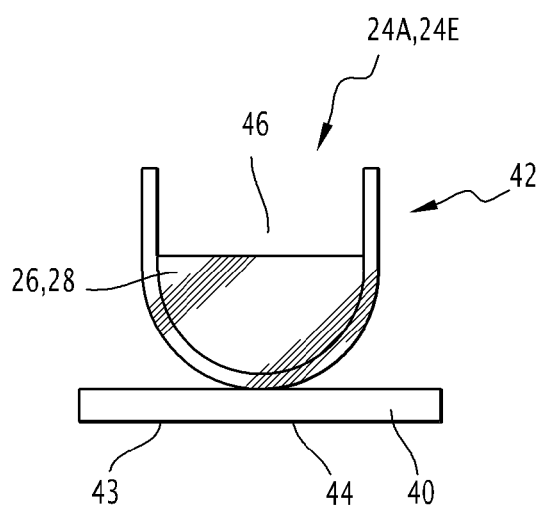


FIG. 2

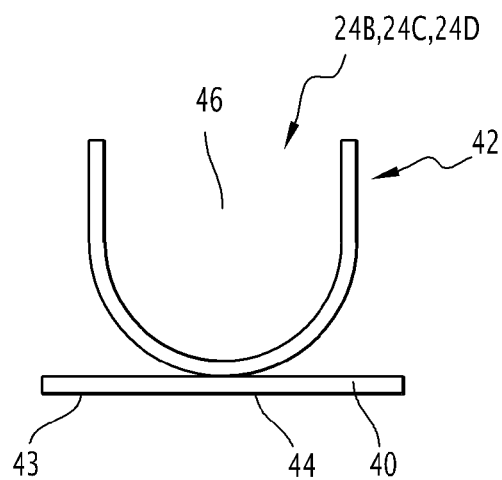


FIG. 3

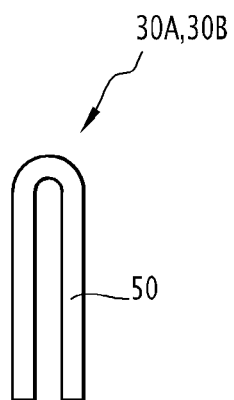


FIG. 4

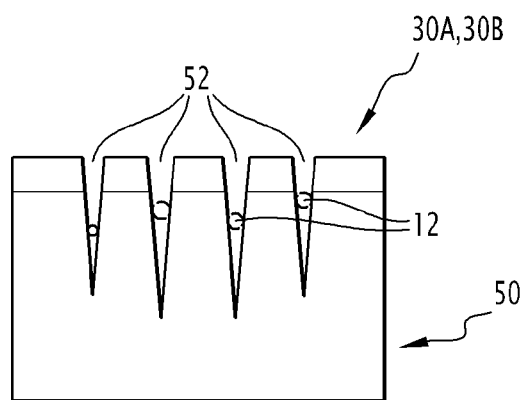


FIG. 5

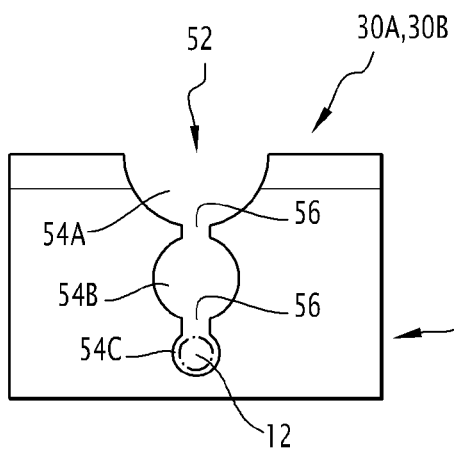


FIG. 6

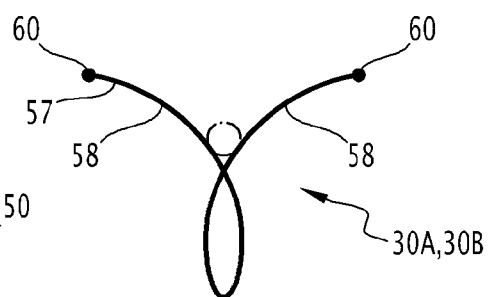


FIG. 7

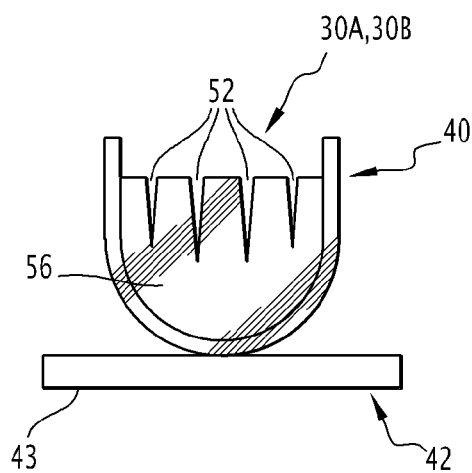
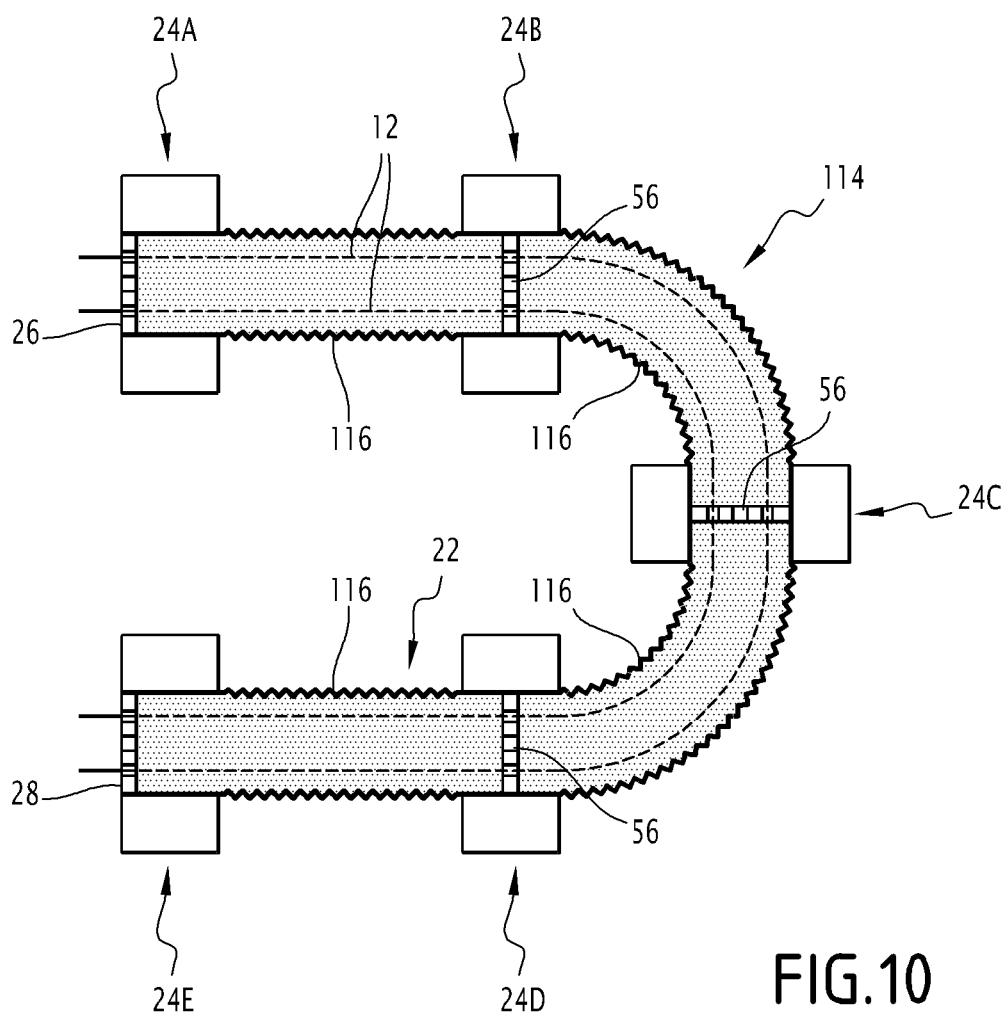
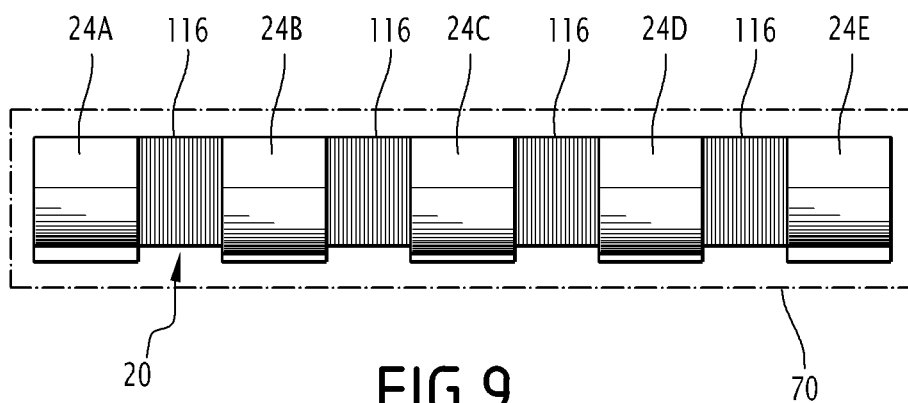
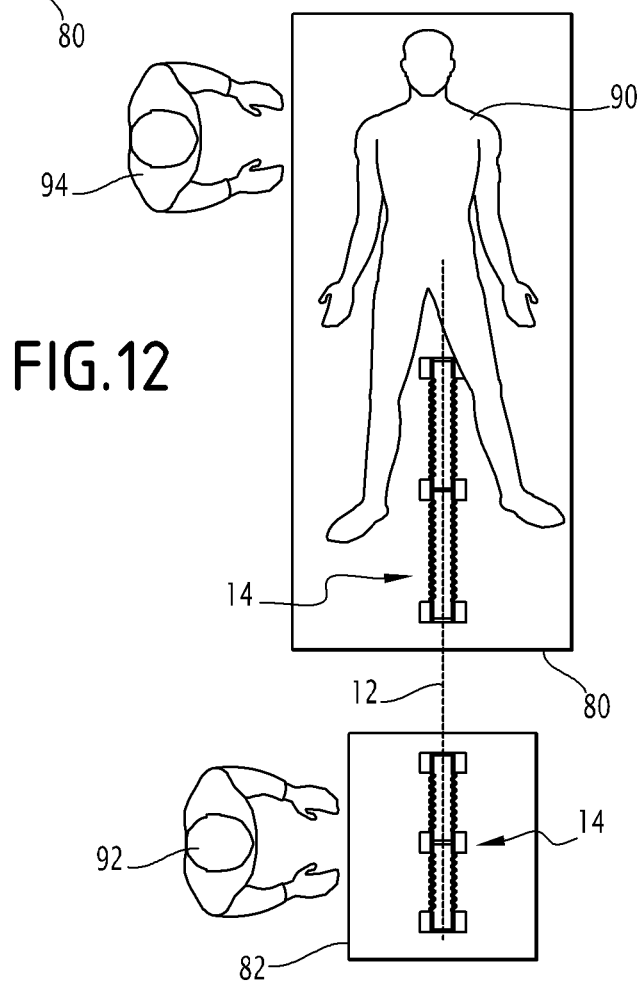
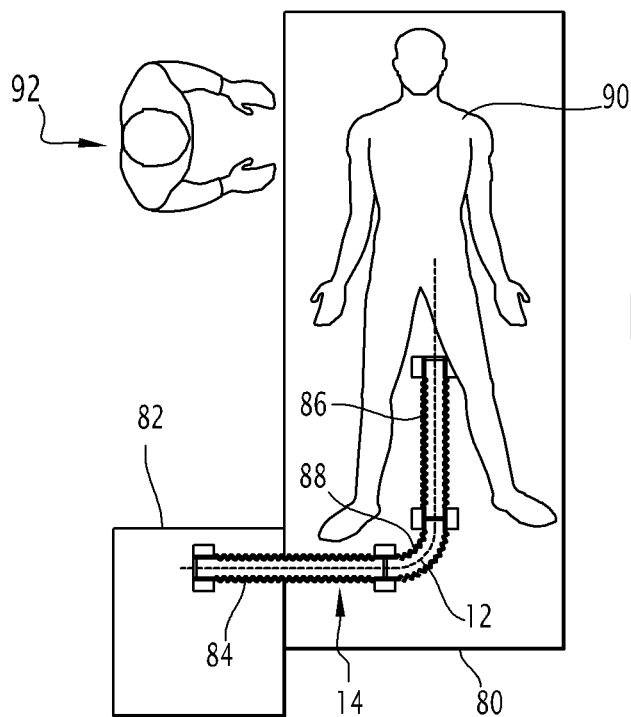


FIG. 8





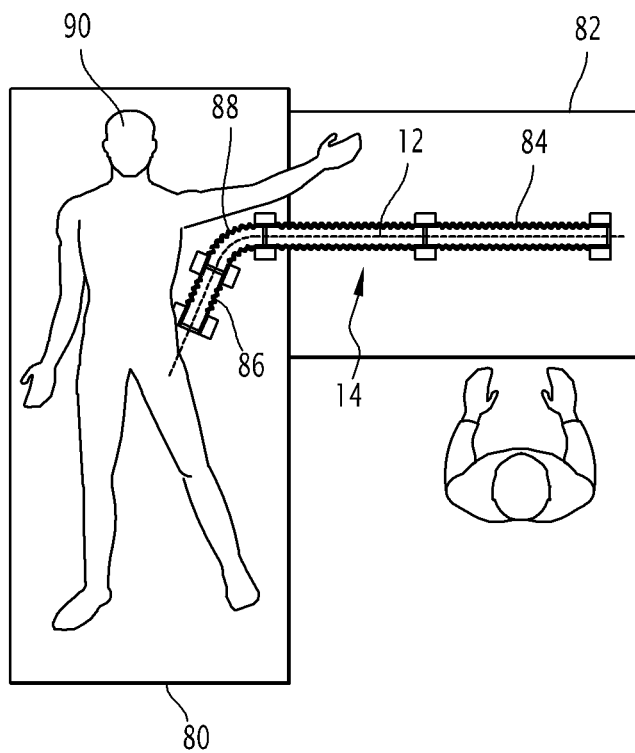


FIG.13

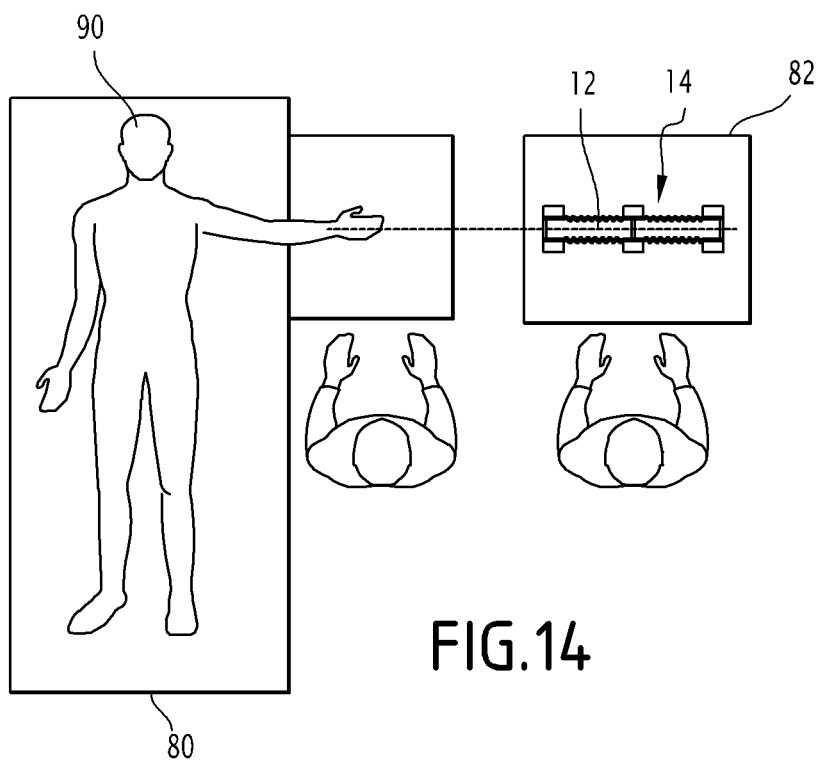


FIG.14

# **DEVICE FOR HOLDING MEDICAL EQUIPMENT, TREATMENT KIT, AND ASSOCIATED PREPARATION METHOD**

## **CROSS-REFERENCE TO RELATED APPLICATIONS**

This application is the U.S. National Phase under 35 U.S.C. §371 of International Application PCT/EP2013/059014, filed Apr. 30, 2013, which claims priority to French Patent Application No. 1254019, filed May 2, 2012. The disclosures of the above-described applications are hereby incorporated by reference in their entirety.

The present invention relates to a device for holding medical equipment.

The device according to the invention is particularly suitable for receiving medical equipment with a large length relative to their width.

It is in particular able to receive equipment designed to be inserted into the vascular system of a patient in order to diagnose or treat a pathology. One example of medical equipment that can be inserted consists of a surgical guide, a catheter, an expansion balloon, a device for inserting an implant, such as a stent, an endoprosthesis, a cover stent, a valve, or a device for inserting a probe.

The medical equipment are for example designed to be used in interventional radiology, interventional cardiology, neurosurgery, vascular surgery, heart surgery (percutaneous or transapical valve) or neurovascular procedures (embolization, covered stent).

In order to minimize the interventional risk experienced by the patient, endoluminal techniques for inserting medical equipment through the patient's vascular system are used more and more often.

To that end, a large number of medical equipment can be conducted into the vascular system to a treatment or diagnosis point in the patient's body. The pieces of equipment are inserted into the body by an incision or a percutaneous puncture in an artery or vein, for example, a wrist, or through a femoral route, inside the thigh.

During this operation, the practitioner first makes the incision and inserts a distal part of the medical equipment into the patient's body.

However, by nature, the medical equipment has a significant length, to allow them to be inserted up to the treatment or diagnosis point. Subsequently, the proximal part of the medical equipment remains placed on a surgical site and is inserted into the patient gradually.

The length of the medical equipment may be significant, for example greater than a meter and in particular approximately 1.80 m, or even up to 3.20 m. The medical equipment can also twist or wind, and it is sometimes difficult to keep them linear on the surgical site.

Such a technique is therefore not fully satisfactory. The proximal part of the medical equipment that is designed to be inserted into the body must remain sterile throughout the entire operation. If it is poorly maintained on the operating field, it may fall on the ground or touch a non-sterile part of the surgical site or its perioperative environment, which may cause microbial contamination. Furthermore, medical equipment are generally provided with an anti-adhesive or hydrophilic coating to facilitate appropriate application thereof in the vascular system. In order to guarantee the anti-adhesive or hydrophilic properties, the coating must remain moist, which is difficult to achieve in an operating room.

One aim of the invention is therefore to provide a device that simplifies the handling of medical equipment, before

they are inserted into a patient, while preserving the asepsis and properties of that equipment.

To that end, the invention relates to a device at the aforementioned type, characterized in that it comprises:

a channel defining an inner space for receiving medical equipment, emerging upward, the channel being reversibly deformable between a first stable spatial configuration and at least one second stable spatial configuration;

a plurality of holders for supporting the channel, designed to support the channel over a bearing surface bearing the device;

at least one distal wall and at least one proximal wall longitudinally closing off the inner space.

The device according to the invention may comprise one or more of the following features, considered alone or according to any technically possible combination(s):

the channel is tightly fastened on at least one of said channels holders;

it includes a proximal holder and a distal holder, the proximal wall being supported by the proximal channel holder and the distal wall being supported by the distal channel holder;

at least one of said channel holders is removable relative to the channel;

the or each channel holder comprises a base designed to be placed on a bearing surface and a concave stirrup designed to be engaged on the channel;

it includes at least one axial retaining member for the medical equipment positioned in the inner space;

the or each retaining member includes a transverse retaining wall defining at least one notch for receiving equipment;

the retaining wall is fastened on one of the proximal wall and the distal wall, or is formed by one of the proximal wall and the distal wall;

it includes a proximal channel holder, a distal channel holder, and at least one intermediate channel holder positioned between the proximal channel holder and the distal channel holder, the channel having separate segments connecting said channel holders in pairs;

the channel has a variable active length, the channel having transverse folds, advantageously in accordion form;

it includes means for keeping the medical equipment positioned above the inner space.

The invention also relates to a treatment kit including a holder device and medical equipment received in the inner space of the channel, the medical equipment advantageously being chosen from among a surgical guide, a device for inserting an implant, such as a stent, a probe, a catheter, an endoprosthesis, a heart valve, a covered stent, a filter and/or a coil.

The kit according to the invention may comprise the following feature:

it includes a moistening and/or lubrication assembly for the medical equipment, positioned in the inner space of the channel.

The invention also relates to a preparation method for medical equipment, before insertion thereof into a patient's body, characterized in that it includes the following steps:

providing a device as defined above;  
transitioning the device from a first initial configuration to a second stable spatial configuration;



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positioning medical equipment in the inner space; advantageously, positioning a moistening and/or lubrication assembly in the inner space in contact with the medical equipment.

The invention will be better understood upon reading the following description, provided solely as an example, and in reference to the appended drawings, in which:

FIG. 1 is a diagrammatic three-quarters front perspective view of a first treatment kit including a holder device according to the invention;

FIG. 2 is a front view of a first channel holder for the device of FIG. 1;

FIG. 3 is a view similar to FIG. 2, for a second channel holder;

FIG. 4 is a side view of a staple designed to form a retaining member for the medical equipment;

FIG. 5 is a front view of a first alternative of the staple of FIG. 4;

FIG. 6 is a view similar to FIG. 5 of a second alternative of the staple of FIG. 4;

FIG. 7 is a diagrammatic view of a retaining member for the medical equipment;

FIG. 8 is a view similar to FIG. 2 of an alternative staple including a retaining member for the medical equipment;

FIG. 9 is a side view of a second holder device according to the invention;

FIG. 10 is a top view of the holder device of FIG. 9 in a usage configuration;

FIG. 11 is a diagrammatic top view illustrating the use of the support device in an operating room, for the insertion of medical equipment via the retrograde femoral route;

FIG. 12 is a view similar to FIG. 11, illustrating an insertion through the retrograde femoral route with two operators;

FIG. 13 is a view similar to FIG. 11, illustrating an insertion through the subclavian, axillary, humeral or radial route;

FIG. 14 is a view similar to FIG. 11, illustrating the use of the holder device during insertion through an antero-grade femoral route.

A first treatment kit 10 according to the invention is illustrated by FIGS. 1 to 3.

The first kit 10 includes at least one medical equipment 12 designed to be inserted into a patient, and a holder device 14 for the medical equipment 12 designed for packaging and handling of the equipment 12 before it is inserted into the patient and during the insertion. It also includes a moistening and/or lubrication assembly 16 for the medical equipment 12 positioned in the holder device 14.

In this example, the medical equipment 12 has an elongated shape. Its length is much larger than its other dimensions, for example at least two times larger than its other dimensions. The length of the medical equipment 12 may be greater than one meter.

The medical equipment 12 is for example designed to be used in interventional radiology, interventional cardiology, neurosurgery, vascular surgery, heart surgery (percutaneous or transapical valve) and/or neurovascular surgery. It is designed to be inserted into the patient, for example into the patient's vascular system or through another natural conduit, to diagnose and/or treat pathologies.

The medical equipment 12 is in particular chosen from among a guide, a catheter, an expansion balloon, a device for inserting an implant, for example a tubular endoprosthesis, a valve, an endoprosthesis or a covered stent, or a device for inserting a probe.

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The medical equipment 12 is designed to be inserted for example using an axillary, subclavian, humeral, radial, femoral, popliteal or leg route.

In the example illustrated in FIG. 1, the equipment 12 is shown by a single filiform line.

As will be seen later, the holder device 14 may contain several different pieces of medical equipment 12, as defined above.

According to the invention, the holder device 14 includes a receiving channel 20 defining an inner space 22 for receiving the medical equipment 12, and a plurality of channel holders 24A to 24E distributed along the length of the channel 20.

The device 14 also includes at least one proximal wall 26 and at least one distal wall 28 longitudinally closing off the inner space 22.

Advantageously, the device 14 further comprises at least one member 30A, 30B for retaining the medical equipment in the inner space 12 and optionally a maintaining member 32A, 32B positioned above the channel 20 (shown in dotted lines in FIG. 1).

As illustrated by FIG. 1, the channel 20 is formed by a half-tube 34 emerging transversely upward relative to a longitudinal axis of the device 14.

The half-tube 34 thus has an upwardly open concave cross-section. This cross-section is for example in the shape of a U or a V.

The channel 20 is longitudinally and transversely deformable in at least two planes, advantageously along three axes.

Thus, the channel 20 can be manipulated manually to go from a configuration with a minimum length to a configuration with a maximum length. Furthermore, the local curvature of the channel 20 can be modified between linear configurations (for example, see FIG. 12) and a plurality of curved configurations (for example, see FIGS. 1, 11 and 13), based on the usage constraints of the equipment 12.

This deformable nature of the channel 20 is provided without any significant plastic deformation. It makes it possible to obtain a plurality of stable configurations of the channel 20, advantageously with no elastic return toward another configuration.

To ensure the deformable nature of the channel 20, in one advantageous embodiment the half-tube 34 includes a plurality of transverse folds 36 extending along a cross-section perpendicular to a local longitudinal axis of the channel 20.

The half-tube 34 thus has an accordion structure, which can be folded and contracted to reduce its length, or contrariwise unfolded and deployed to increase the length and/or modify its curvature.

The minimum length of the channel 20 is for example less than 80% of its maximum length. The minimum length of the channel is for example comprised between 15 cm and 50 cm, and its maximum length is for example comprised between 200 cm and 300 cm.

Advantageously, the width of the channel 20, considered perpendicular to a longitudinal axis of the channel 20, is comprised between 5 cm and 15 cm. The distance separating two consecutive transverse folds 36 is comprised between 2 mm and 30 mm.

The channel 20 is sealed against liquids. To that end, a wall forming the half-tube 34 can retain a liquid in the inner space 22.

Advantageously, the half-tube 34 forming a channel 20 is made from a plastic material, such as a polyolefin, in particular polypropylene, or PVC. Alternatively, the half-tube 34 is formed from a fabric provided with tighten impervious coating.

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The inner space 22 is defined laterally and downwardly by the channel 20 and/or locally by the channel holders 24A to 24E.

The inner space 22 emerges upward, advantageously over the entire length of the channel 20, to allow the insertion and removal of medical equipment 12 in the inner space 22.

In the example shown in FIG. 1, the inner space 22 extends continuously over the entire length of the device 14. It is transversely closed off at the ends of the device 14 by the proximal wall 26 and the distal wall 28.

The dimensions of the channel 20 and the inner space 22 therefore make it possible to house different medical equipment based on the dimensions of the equipment.

In the example illustrated in FIG. 1, the holder device 14 includes a proximal holder 24A secured to a proximal end of the channel 20, a distal holder 24E secured to a distal end of the channel 20, and at least one intermediate holder 24B to 24D engaged below the channel 20 between the proximal holder 24A and the distal holder 24E.

The holders 24A to 24E are spaced longitudinally away from each other. They define free segments 35 of the channel 20 between them.

As illustrated by FIGS. 2 and 3, each channel holder 24A to 24E includes a bearing base 40 on a support surface designed to support the device 14, and a stirrup 42 protruding relative to the base 40 to be engaged on the channel 20.

Each holder 24A to 24E is made from a material more rigid than the channel 20.

In the example illustrated in FIGS. 2 and 3, the base 40 and the stirrup 42 are integral. Alternatively, they are made by assembling parts.

As illustrated in FIG. 2, the base 40 advantageously has a planar lower surface 43. It is for example formed by a support plate designed to bear on a planar panel.

The lower surface 43 is advantageously provided with releasable catching means 44 on the support surface designed to support the device 14. The catching means 44 are for example formed by an adhesive, a ferromagnetic element such as a magnet, a snapping device and/or a catching strip such as Velcro.

Thus, each channel holder 24A to 24E can be locally immobilized on the support surface by the catching means 44 to keep the channel 20 in a given configuration.

The stirrup 42 has a convex shape and a cross-section similar to that of the channel 20.

In the example shown in FIG. 1, the holders 24A to 24E situated at the ends of the channel 20 are tightly fastened on the channel 20. Each holder 24A, 24E defines an inner cavity 46 forming a longitudinal part of the inner space 22.

Advantageously, a transverse end edge of the channel 20 is fastened on a transverse end edge of the stirrup 42 at each end holder 24A, 24E.

In the example shown in FIG. 1, at least one intermediate holder 24B to 24D, advantageously all of the intermediate holders 24B to 24D, are removable relative to the channel 20. They are thus able to be assembled and disassembled reversibly and manually by a user, without using an assembly tool.

In this example, each intermediate holder 24B to 24D receives a segment of the channel 20 in the inner cavity 46, over the entire length of the holder 24B to 24D. The stirrup 42 is thus engaged around the end surface of the half-tube 34, outside the inner space 22.

Alternatively, in the device 114 shown in FIGS. 9 and 10, at least one intermediate stirrup 24B to 24D, advantageously all of the intermediate stirrups 24B to 24D, are interposed

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between two successive segments 35, such that their inner cavity 46 defines part of the inner space 22.

In the example illustrated in FIGS. 1 and 2, the proximal wall 26 and the distal wall 28 are respectively secured to the proximal holder 24A and the distal holder 24E. Each wall 26, 28 extends transversely in the cavity 46 defined by the holder 24A to 24E to close off the inner space 22 transversely.

The height of each wall 26, 28 is advantageously smaller than the height of the stirrup 42.

Thus, the medical equipment 12 and the moistening and lubrication assembly 16 can be retained tightly in the bottom of the inner space 22.

As illustrated by FIG. 1, the device 14 comprises at least one retaining member 30A, 30B for the medical equipment, advantageously a plurality of retaining members 30A, 30B.

In this example, each retaining member 30A, 30B is formed by a staple 50 engaged on one of the proximal wall 26 and the distal wall 28.

In the example shown in FIG. 5, the staple 50 includes a transverse wall 56 defining at least one notch 52, advantageously a plurality of notches 52, defining a housing for receiving and gripping medical equipment 12.

In the example illustrated in FIG. 5, each notch 52 has a decreasing transverse expanse from top to bottom. Thus, irrespective of the size of the medical equipment 12 inserted into the notch 52, at a given height, the medical equipment may be gripped between the edges of the notch 52 to ensure axial retention.

Alternatively, as illustrated by FIG. 6, at least one notch 52 has a plurality of successive housings 54A, 54B, 54C with decreasing successive transverse dimensions. The housings 54A, 54B, 54C are separated by constrictions 56 retaining the equipment 12 interposed between each pair of adjacent housings 54A to 54C along the notch 52.

Based on its transverse expanse, the medical equipment 12 is selectively inserted into one of the housings 54A to 54C and is retained by the upper constriction 56 situated above the housing 54A to 54C.

In one alternative shown in FIG. 8, the retaining member 30A, 30B is formed directly in a transverse wall 56 secured to a holder 24A to 24D. It is for example formed in one and/or the other of the proximal wall 26 and the distal wall 28. The notches 52 are then formed directly through the wall 56.

In another alternative shown in FIG. 7, the retaining member 30A, 30B is formed by an elastic member 57, for example filiform and in particular in a loop. In this case, the elastic member 57 assumes the form of a gamma.

The medical equipment 12 is thus able to be received and gripped between two segments 58 of the elastic member 57.

The elastic member 57 is also transversely fastened at its ends 60 on a holder 24A, 24E.

Each retaining member 30A, 30B is thus able to immobilize at least one medical equipment 12 longitudinally to block it longitudinally when the medical equipment 12 is engaged in the retaining member 30A, 30B.

The retaining member 30A, 30B can also release the medical equipment 12 when it must be removed outside the inner volume 22, for example so that it may be inserted into a patient's body.

The maintaining member 32A, 32B is designed to cover the inner space 22 above the channel 20 at least partially, so as to prevent any untimely exit of the medical equipment 12.

In the example shown in FIG. 1, the device 14 includes a plurality of maintaining members 32A, 32B spaced along the channel 20.

Each maintaining member **32A**, **32B** is for example formed by a strap having one end fastened on a first lateral edge of the channel **20** and one free end able to be fastened on a second opposite lateral edge of the channel **20** to overlap the inner space **22**.

The moistening and/or lubrication assembly **16** is for example formed by a liquid **70**, such as water or a physiological serum. Alternatively, the assembly **14** includes a spongy material (not shown) retaining the liquid **70** in the bottom of the inner space **22**. The spongy material is for example a compress or a sponge.

The medical equipment **12** is thus able to be kept in the liquid **70** or at least in contact therewith.

The channel **20** and the device **14** can be deployed between at least one contracted configuration and a plurality of stable deployed configurations.

In the contracted configuration, the channel **20** is folded and contracted to bring the proximal support **24A** close to the distal support **24E**. The length of the channel **20** is then minimal.

The intermediate holders **24B** to **24D** are brought closer to each other and are positioned between contracted free segments **35** of the channel **20**.

The length of the device **14** is then minimal. The device **14** can for example be stored in a package **70** such as a box.

In each deployed configuration, the end holders **24A**, **24E** have been moved away from each other. The length of the channel **20** and the device **14** has been increased.

In reference to FIGS. **11** to **14**, the device **14** can occupy at least one stable linear deployed configuration, as illustrated in FIG. **12**, or left or right deployed configurations having bends, as shown in FIGS. **1**, **11**, **13** and **14**.

This makes it possible to adapt to various shapes of medical equipment **12**, and various configurations based on the implantation route(s).

A preparation method for a medical equipment **12** using the device **14** according to the invention will now be described.

Initially, the device **14** is provided. When at least one of the holders **24B** to **24D** is removable, the user removes the device **14** from its package **70**, and at least partially deploys the channel **20** in the desired configuration.

The user next engages each intermediate holder **24B** to **24D** below the channel **20** by moving them away from each other along the channel **20**. This provides stable maintenance of the channel **20** in the selected configuration. Advantageously, the user fastens the bases **40** against the support surface supporting the device **14** using fastening means **44**.

Then, the user inserts the moistening and/or lubrication assembly **16** into the holder **22**, either by pouring liquid **70**, or by inserting a spongy material filled with liquid **70**.

The user then places the medical equipment **12** in the inner space **22**. Advantageously, the medical equipment **12** is axially immobilized in at least one of the retaining members **30A**, **30B**, for example by engagement in a notch **52** or in an elastic member **57**.

The medical equipment **12** is therefore prepared and packaged so that the practitioner can implant it in the patient.

Once the medical equipment **12** is prepared, a method for implanting the equipment may be carried out. To that end, the practitioner removes at least a distal part of the medical equipment **12** from the inner space **22** and inserts it into the patient.

The proximal part of the equipment **12** that is not inserted into the patient, however, remains housed in the inner space **22** of the holder device **14**, in contact with the moistening

and/or lubrication assembly **16**. This limits the risk of microbial contamination or asepsis breaches and keeps the medical equipment **12** under good operating conditions for its implantation.

The presence of the rigid holders **24A** to **24E**, advantageously fastened on a support surface of the device **14**, guarantees that the medical equipment **12** keeps a suitable configuration during its use.

Given that the channel **20** is easily deformable, the device **14** can adapt to different usage configurations, as shown in FIGS. **11** to **14**.

Thus, in the example shown in FIG. **11**, the device **14** is positioned partially on a support surface defined by an operating table **80** and partially by a secondary table **82** adjacent to the operating table **80**.

The device **14** is placed in a configuration comprising a distal linear segment **84** that is perpendicular or inclined relative to the longitudinal axis A-A' of the patient on the operating table **80**, and a proximal segment **86** that is substantially parallel to the longitudinal axis A-A' of the patient, the two segments **84** and **86** being separated by a bent segment **88**.

Such a configuration of the device **14** for example allows a single operator **92** to insert medical equipment **12** into a patient **90** using the retrograde femoral route.

In the alternative shown in FIG. **12**, a first holder device **14** is placed in a linear configuration, substantially parallel to the axis A-A' of the patient on the operating table **80**, while being partially inserted between the patient's legs. A second holder device **14** is positioned linearly in the axial extension of the first device **14** on a secondary table **82** positioned in the axial extension of the operating table **80**.

The medical equipment **12** can thus be manipulated by a second operator **92** situated across from the secondary table **82**, before being inserted into the device **14** situated on the operating table **80** to be manipulated by the practitioner **90**.

Such a configuration is therefore suitable for two operators to insert the medical equipment **12** using the retrograde femoral route.

In the example illustrated in FIG. **13**, the device **14** comprises a proximal segment **84** placed on a secondary table **82** positioned substantially perpendicular to a longitudinal axis A-A' of the patient on the operating table **80**.

The secondary table **82** is placed approximately between an upper limb and a lower limb of the patient.

The proximal segment **86** is placed parallel to the axis A-A' of the patient. The device **14** thus has a bent segment **88** between the distal segment **84** and the proximal segment **86**. The device **14** is then particularly suitable for antero-grade femoral route insertion of the medical equipment **12** into the patient **90**.

In the alternative shown in FIG. **14**, at least one holder device **14** is positioned linearly on a secondary table **82**, perpendicular to a longitudinal axis A-A' of the patient, and at least one holder device **14** is positioned on the support table **80** with a proximal segment **84** in the axis of the patient and a distal segment **86** substantially perpendicular to the axis of the patient.

This device is suitable for insertion through an upper limb route.

A second device **114** according to the invention is illustrated by FIG. **10**. Unlike the first device **14** shown in FIG. **1**, the holders **24A** to **24E** are all secured to the channel **20**. Their cavities **46** each define part of the inner space **22**.

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Thus, each holder **24A**, **24E** is connected to another holder **24A** to **24E** by a segment **116** of the channel **20**, the channel **20** being interrupted between its different segments **116**.

Each intermediate holder **24B** to **24D** is advantageously provided with a transverse wall **56** able to support a retaining member **30A**, **30B**, or forming a retaining member **30A**, **30B**.

The operation of the second device **114** is also similar to that of the first device **14**.

In another alternative that is not shown, the proximal wall **26** and the distal wall **28** are formed directly in the channel **20**. The holders **24A**, **24B** then receive, in their inner cavity **46**, the end of the channel **20**, provided with the proximal wall **26** and the distal wall **28**.

The device according to the invention **14**, **114** therefore makes it possible to package medical equipment **12** in an operating room, while keeping that medical equipment **12** in a chosen spatial configuration, while preserving the asepsis and maintaining the usage properties of the equipment.

The device **14**, **114** according to the invention is particularly easy to use and adapts easily to different techniques for inserting medical equipment into a patient and/or to different types of equipment **12**.

What is claimed is:

1. A device for holding medical equipment, comprising:
  - a channel defining an inner space for receiving medical equipment, the inner space emerging upward, the channel being reversibly deformable between a first stable spatial configuration and at least one second stable spatial configuration;
  - a plurality of holders for supporting the channel, designed to support the channel over a bearing surface bearing the device;
  - at least one distal wall and at least one proximal wall longitudinally closing off the inner space.
2. The device according to claim 1, wherein the channel is tightly fastened on at least one of said channels holders.
3. The device according to claim 1, including a proximal holder and a distal holder, the proximal wall being supported by the proximal channel holder and the distal wall being supported by the distal channel holder.
4. The device according to claim 1, wherein at least one of said channel holders is removable relative to the channel.
5. The device according to claim 1, wherein the or each channel holder comprises a base designed to be placed on a bearing surface and a concave stirrup designed to be engaged on the channel.

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6. The device according to claim 1, including at least one axial retaining member for the medical equipment positioned in the inner space.

7. The device according to claim 6, wherein the or each retaining member includes a transverse retaining wall defining at least one notch for receiving equipment.

8. The device according to claim 7, wherein the retaining wall is fastened on one of the proximal wall and the distal wall, or is formed by one of the proximal wall and the distal wall.

9. The device according to claim 1, including a proximal channel holder, a distal channel holder, and at least one intermediate channel holder positioned between the proximal channel holder and the distal channel holder, the channel having separate segments connecting said channel holders in pairs.

10. The device according to claim 1, wherein the channel has a variable active length, the channel having transverse folds.

11. The device according to claim 1, including an element for keeping the medical equipment positioned above the inner space.

12. A treatment kit including a holder device according to-claim 1 and medical equipment received in the inner space of the channel.

13. The kit according to claim 12, including a moistening and/or lubrication assembly for the medical equipment, positioned in the inner space of the channel.

14. A preparation method for medical equipment, before insertion thereof into a patient's body, including the following steps:

- providing a device according to claim 1;
- transitioning the device from a first initial configuration to a second stable spatial configuration;
- positioning medical equipment in the inner space.

15. The device according to claim 10, wherein the transverse folds of the channel are in accordion form.

16. The kit according to claim 12, wherein the medical equipment is chosen among a surgical guide, and a device for inserting an implant chosen among a stent, a probe, a catheter, an endoprosthesis, a heart valve, a covered stent, a filter and/or a coil.

17. The method according to claim 14, comprising positioning a moistening and/or lubrication assembly in the inner space in contact with the medical equipment.

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